PART B - FEE(S) TRANSMITTAL

Complete and send	vith applicable fee(s),	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450							
J		•		(571)-273-2885	•	·			
INSTRUCTIONS: This is appropriate. All further ex indicated unless corrected maintenance fee notification	orm should be used for tra prespondence including the below or directed otherwisens.	namilting the ISSUE FEE Patent, advance orders and in Block 1, by (a) specify	and PUBLE notification ing a new o	CATION PEE (if rec of maintenance fees correspondence addres	uired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a se	should be completed where it correspondence address as parate "FEE ADDRESS" for			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
THOMAS J. FIN RAYTHEON COI	MPANY	275	Wass	C	ertificate of Mailing or Trachis Fee(s) Transmittal is believed with sufficient postage for ill Stop ISSUE FEE address PTO (571) 273-2885, on the	smission .			
EO/E4/N119, P.O. 2000 B. EL SEGU		FEB 127	ωı						
EL SEGUNDO, C 13/2009 SSITHIR2 000000	EL SEGUNDO, CA 90245-0902			Ryan B. S	(Depositor's name)				
FC:1501 1510.00 D	PADEMAR		To Re	February 12, 2009					
APPLICATION NO.	FILINO DATE		MED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/803,403	03/18/2004		d D. Crouch	· · · · · · · · · · · · · · · · · · ·	PD-02W127	5544			
C:1501TLE OF INVENTION: S 300.00 DA	YSTEM FOR SELECTIVE	Y BLOCKING ELECTRO	MAGNETIC	CENERGY					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PL	BLICATION FEE	TOTAL PRE(8) DUE	DATE DUE			
nonprovisional	NO	\$1400		\$300	\$1700	. 06/06/2006			
EXAM	EXAMINER ART UNIT CL		ASS-SUBCLASS]					
BEN,	LOHA	2873		359-629000	•	•			
CFR 1.363). Change of correspondence address of indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. City fee Address indication (or "Fee Address" Indication form PTO/SB/12 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents of a temptor of a single firm (having as a member a registered attorney or agent) and the names of up to 2 & Woebbner, P.A registered patent attorneys are gentled.									
J. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	an assignce is identified be 37 CFR 3.11. Completion of	PRINTED ON THE PATI low, no assigned data will f this form is NOT a substit	ENT (print o appear on the ute for filing	r type)	nce is identified below, the	document has been filed for			
•	Raytheon Company Waltham, Massachusetts Please check the appropriate assignce categories (will not be printed on the patent):								
Please check the appropriate	assignee category or categor	ics (will not be printed on the	e patent):	☐ Individual 図 C	orporation or other private gr	roup entity Government			
4a. The following fee(s) are a [3] Issue Fee [3] Publication Fee (No are	nclosed: nall entity discount permitted	4b. Payment	ck in the am	ount of the fee(s) is er card. Farm PTO-2031	iclosed.				
Advance Order - # of	Copies	🔯 The D	irector is her it Account h	eby authorized by cha	rge the required fee(s), or ere	edit any overpayment, to ra copy of this form).			
5. Change in Entity Status (a. Applicant claims SN The Director of the USPTO I	IALL ENTITY Status, See 3	7 CFR 1.27.	olicant is no	longer claiming SMA	LL ENTITY status. Sec 37 C	FR 1.27(g)(2).			
NOTE: The Issue Fee and Pu interest as shown by the recor	olication Fee (if required) w	lee and Publication Fee (il il not be accepted from any and Tradenist Office.	any) or to r	e-apply any previous in the applicant; a reg	y paid issue fee to the applications of the ap	ation identified above. he assignee or other party in			
Authorized Signature	Legory /	1. Joni	<u>e</u> 1	•	ruary 12, 200				
	regory J. Gorri	·		Registration N	lo. <u>36,530</u>				
This collection of information an application. Confidentially submitting the completed application form and/or suggestion; Box 1450; Alexandria, Virgina 22313-14 Under the Paperwork Reducit	is required by 37 CFR 1.31 is governed by 35 U.S.C. I liculion form to the USPTO or reducing this burden, sho is 22313-1450. DO NOT S. 150.	The information is required and 37 CFR 1.14. This Time will vary depending to be sent to the Chief InfeND PEES OR COMPLET	ed to obtain collection is upon the in ormation Of ED FORMS	or retain a benefit by the estimated to take 12 and dividual case. Any conferr, U.S. Patent and TO THIS ADDRESS	he public which is to file (an ninutes to complete, includin mmeats on the amount of the Trademark Office, U.S. Dep I. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,			
Under the Paperwork Roducti	on Act of 1995, no persons a	re required to respond to a c	ollection of	information unless it o	lisplays a valid OMB control	number.			

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 05/05/09 2 Seri			.al/Patent #10/803,403					
3 Please refund the following fee(s):			4 PAPER NUMBER		5 DATE FILED	6 AMOUNT		
Filing						\$		
Amendment						\$		
Extension of Time						\$		
Notice of Appeal/Appeal						\$		
Petition						\$		
	Issue					\$		
	Cert of Correction/Terminal Disc.					\$		
	Maintenance					\$		
	Assignment					\$		
X	X Other Publication fee			W	02/12/09	\$ 300.00		
			7 TOTAL AMOUNT \$ 300.00					
			8 TO	BE I	REFUNDED	BY:		
10 REASON:		##101000.##1000		Treasury Check				
	Overpayment		Х	С	Credit Deposit A/C #:			
X	Duplicate Payment			9 1 9 0 7 4 3				
No Fee Due (Explanation):								
The publication fee of \$300 was originally paid March 27, 2006. Therefore, the \$300 publication fee paid								
February 12, 2009, is unnecessary, duplicative, and refundable.								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME Charles Steven Brantley					ITLE: Se	enior Petitions Attorney		
SIGNATURE:				P	HONE:	571-272-3203		
OFFICE: Office of Petitions								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B